

**COLORADO RIVER INDIAN TRIBES LEGAL AID DEPARTMENT**  
**APPLICATION FOR SERVICES**

**Applicant Information** (must be enrolled, or eligible to be enrolled with CRIT):

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_  
\_\_\_\_\_ **Eve. Phone:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
\_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Enrollment No.:** \_\_\_\_\_  
**SSN:** XXX-XX-\_\_\_\_\_

**Applicant is seeking assistance with: (please mark which box(es) applies)**

<input type="checkbox"/> Child Support (Defense)	<input type="checkbox"/> Estate Planning (Writing a Will)
<input type="checkbox"/> Child Support (Seeking)	<input type="checkbox"/> Probate of an Estate
<input type="checkbox"/> Child Custody (Defense)	<input type="checkbox"/> Grievance
<input type="checkbox"/> Child Custody (Seeking)	<input type="checkbox"/> Small Claims
<input type="checkbox"/> Guardianship of a Minor	<input type="checkbox"/> Personal Injury
<input type="checkbox"/> Conservatorship of Adult	<input type="checkbox"/> Restraining Orders/Injunctions
<input type="checkbox"/> Paternity (for Enrollment)	<input type="checkbox"/> Dissolution of Marriage (no kids)
<input type="checkbox"/> Child In Need of Care	<input type="checkbox"/> Dissolution of Marriage (with kids)
<input type="checkbox"/> Power of Attorney:	<input type="checkbox"/> Property Dispute
<input type="checkbox"/> Durable	<input type="checkbox"/> Housing Dispute
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Name Change
<input type="checkbox"/> Parental	<input type="checkbox"/> Other: _____

In order to determine whether there are conflicts, please provide as many details as possible:

**Please list the full names and approximate ages of each person involved in your issue:**

1	_____	Approximate Age: _____
2	_____	Approximate Age: _____
3	_____	Approximate Age: _____
4	_____	Approximate Age: _____
5	_____	Approximate Age: _____

**Please describe any previous services you have received from Legal Aid:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only:**

**Referral Required?** Yes No

**Office File No.:** \_\_\_\_\_

<b>PATERNITY SERVICES SUPPLEMENTAL INFORMATION</b>
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**Child(ren)'s Information:**

Name:	DOB:	SSN:
	/ /	XXX-XX-
	/ /	XXX-XX-
	/ /	XXX-XX-
	/ /	XXX-XX-

**Please fill-in information about the child's/children's other parent below:**

<b>Name:</b> _____	<b>DOB:</b> _____
<b>Mailing Address:</b> _____	<b>Day Phone:</b> _____
_____	<b>Eve. Phone:</b> _____
<b>Physical Address:</b> _____	<b>Fax:</b> _____
_____	<b>Cell Phone:</b> _____
<b>E-Mail:</b> _____	<b>Enrollment No.:</b> _____
	<b>SSN:</b> <u>XXX-XX-</u>

**Is the other parent agreeing to sign the documentation?**                      YES                      NO

**To complete the paperwork, please provide copies of the following:**

	Each Child's birth certificate
	Each Child's Social Security Card

**If one of the parents has passed away, additional documentation is required:**

	Death certificate of the deceased parent
	Proof of Social Security Death Benefits for the child from the predeceased parent
	Probate documentation showing parental finding (BIA or Court probate documents)
	Any other documentation (letters, journals, bank account records, etc.) showing that the predeceased parent acknowledged being the parent of the child/children prior to passing away

By signing this form, you are requesting services by the Legal Aid Department and waiving privacy to any third-party for the purposes of that service; you promise to update the Legal Aid Department of any change of contact information during the period of representation. The Legal Aid Department does not charge C.R.I.T. community members for services, but any fees (i.e., court filing fees) are the responsibility of the applicant. Please note that the court filing fee for Paternity Cases is \$65 unless waived by the Tribal Court. You may complete a Fee Waiver Request Form, but the Legal Aid Department does not guarantee that the waiver shall be granted by the Tribal Court, and if the Tribal Court does not waive the filing fee, the applicant shall be responsible for providing a money order in the amount of \$65 made payable to the Colorado River Indian Tribes Tribal Court. If Legal Aid cannot take you on as a client for conflicts, we may seek approval for a referral.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_